FORT BENNING VOLUNTEER SERVICE APPLICATION

Privacy Act Statement: Prescribing Directive: AR 608-1. Authority: Title 10, USC, Section 3012. Principle Purpose: To record essential background information on volunteers. Routine Uses: Coordinating volunteer services at Fort Benning, Georgia, recruiting volunteers and planning volunteer awards program. Mandatory or volunteer disclosure effect on individual not providing information: Providing information is voluntary. Not providing information will prevent keeping a record of individual volunteer qualifications and services may prevent volunteers from receiving awards.

	individual volunteer qualification	JIIS AITU SETVICE	3 may prever	nt volunteers	Thom receiving awards.	
NAME:						
PHONE:	(H)		(W)			
ADDRESS:						
CITY:		ST	ATE:		ZIP:	
UNIT:		L				
PAST WORK/VOLUNTEER EXPERIENCE:						
WHAT TYPE OF VOLUNTE	R WORK ARE YOU INTERES	STED IN:				
(check all that apply):	R WORK ARE 100 INTERES	STED IN.				
☐ ADMINISTRATIVE/CLERICAL		☐ RECEPTIONIST				
WITH ADULTS		☐ WITH CHILDREN				
OUTDOOR ACTIVITIES		PUBLIC SPEAKING				
HEALTH CARE		— VIII-IX				
DO YOU HAVE ANY PARTICULAR INTERESTES OR SKILLS THAT YOU WOULD LIKE TO DEVELOP/SHARE?						
LANGUAGES OTHER THA	N ENGLISH THAT YOU SPE	AK?				
		☐ Unde	Under 12		36-45	
AGE (please check one): *note: volunteers under th	13-17	7		46-55		
parental signature below	18-25			55+		
DATE OF BIRTH (under ag	26-35					
(, , , , , , , , , , , , , , , , , , ,				ı		
	☐ Youth			Active Army		
STATUS (please check all that apply):		Family Member Soldier			US Army Reserve	
					National Guard	
		☐ Civilian			Retired DA Civilian	
					DA Civilian	
IF SERVICE MEMBER, RANK AND UNIT:						
EMERGENCY CONTACT INFORMATION:						
NAME:	E:					
SIGNATURE					DATE	

SIGNATURE (PARENT/GUARDIAN MUST SIGN IF UNDER 18)